

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
 County Registrar No. 145
 Local Registrar No. 145

2. Full name of child Dolores Garcia
 No. Gila County Hospital St. Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other yes
 5. No., in order of birth yes
 6. Legitimate? yes
 7. Date of birth 7-11-27
 Month Day Year

8. FATHER
 Full name Dolores Garcia
 9. Residence (Usual place of abode)
 If non-resident, give place and state Globe, Arizona

10. Color or race Mexican
 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Phoenix, Arizona
 (State or country)

13. Occupation
 Nature of industry Grocery Clerk

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

14. MOTHER
 Full maiden name Lupe Ortiz
 15. Residence (Usual place of abode)
 If non-resident, give place and state Globe, Arizona

16. Color or race Mexican
 17. Age at last birthday 24 (Years)

18. Birthplace (city or place)
 (State or country) Durango, Mexico

19. Occupation
 Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:10 m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
 Address Box 636, Globe, Arizona

Given name added from a supplemental report. Filed 7-31-27 St. St. Honor
 Month, day, year
4-71-27 369 Filed _____, 19____
 Registrar County Registrar.

IS A PERMANENT RECORD. It must be made for each child, and the number of children born in case of more than one child at a birth, in the order of birth stated.